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EDITORIAL.**THE PATENT MEDICINE CURSE.**

The articles upon the Patent Medicine Curse appearing in the Ladies' Home Journal and Colliers' Weekly, should not alone command our interest, but should meet with our support and incite our heartiest encomiums.

The Proprietary Association of America having a very strong organization, have lately established a press bureau, and is now fighting the A. M. A. and the medical profession. In the issue of November 4th, Colliers' Weekly publishes information showing that every newspaper in the country is muzzled by this Proprietary Association; all of our members will not see Colliers; the newspapers will either remain silent or attack our Association, and it is thought

best to publish the actual facts in our Journal.

This seems to be a day of reckoning for graft in many directions, the political machines in various states and cities, the beef trust, and the insurance companies are instances. The action of the A. M. A. through its Journal and the Journals of the various state societies, with the aid of such lay papers as Colliers, is turning the lime-light on the composition of the nostrums put on the market by the various firms making up the Proprietary Association; the reptile is badly wounded and is writhing and lashing hard; the work of destroying it has been well begun, and although the fight from now on will be bitter, it must be fought to a finish; the honor and integrity of the profession demand this.

How can a satisfactory result be accomplished? Can it be done without the aid of the lay press? How will John Doe who reads only an occasional newspaper be enlightened and told that the tone and exhilaration he derives from his Peruna and Hostettlers is due to the alcohol in them, and that he is paying one dollar per bottle for ten cents worth of "cheap cock-tails?"

The present fight will require the determined and united efforts of the entire profession, and we will fail in our duty if we do not actively support the A. M. A. and its council on Pharmacy and Chemistry and Colliers' Weekly.

The Proprietary Association is using lots of money and every recourse is being utilized to turn off the light.

The necessity is that every member of the profession confine himself to the use of that which is good and has stood the test; let each man study theurapeutics for himself, and the large revenues derived from the sales of these various proprietary nostrums will cease.

Most of the profession in New Mex.

ico are aware of the fate of the bill introduced in our legislature last year to compel the nostrum manufacturers to print the formula of their wares upon each bottle shipped into the Territory; no sooner was the bill introduced, than the drug interests and newspapers of the Capital City were wired by members of the Proprietary Association, with the result that the bill died in committee.

Proprietary medicines themselves have long been relegated to the dump as so much compost by every professional man, but we must not think it beneath the dignity of the profession to take up this fight, and enlighten our neighbors if nothing else, that the dump is a much better place than their stomachs for most of the infernal rot that is advertised as cure-alls.

We must not lose sight of the fact that in exposing this graft, a genuine benefit will be derived by the public, inasmuch as the health of the community at large will be less endangered by the injection of such large quantities of noxious and fallacious drugs.

Let every member read Colliers and acquaint themselves with the methods of this octopus in securing business; how their testimonials are procured, and how they have been able to hush the newspapers and work our different legislatures.

Let us extol the work of the expositors and if it appears to some that it is but tickling the bear with bird shot, let us hope that the writers have buck-a-plenty in their belts.

ICONOCLASTS.

Recently, several newspaper correspondents from the east have made flying trips through our Territory and have written articles which we might expect to emanate from a committee ap-

pointed to investigate the conditions in a plague center.

Whether these correspondents were suffering from torpid livers on account of their sedentary habits, or wore smoked glasses while peering through car windows not particularly noted for cleanliness, is not for us to say.

At any rate, the idols which in their minds crumbled in the sands before the onslaught, still stand firmly upon their pedestals, and we are satisfied that were the same correspondents broken in health or suffering the infirmities of old age, they would gladly accept our sunshine and health-restoring climate, our conditions and society, get well and become rejuvenated, as hundreds of more notable men have done before them.

If you have not read the list of members of the Proprietary Association of America, consult the Journal of the A. M. A. for November 18th, 1905, and expect to be surprised several times during its perusal. We note with pleasure that Parke, Davis & Co., H. K. Mulford Co., Frederick Stearns & Co., Merck & Co., Bauer & Block, Ellwood Lee & Co., and some others, do not belong, and certainly deserve the hearty support of the profession.

THE "MOSES SIGN" OF PREGNANCY.

In February of the present year, Dr. Moses, of Crestline, Ohio, drew attention of the profession to a new sign of pregnancy in its incipency, *i. e.*, dilated pupils and a pulse rate of 102.

Should this sign stand the test of time and be confirmed by a sufficient number of observers, it will indeed prove a valuable aid in the diagnosis of early pregnancy.

The question is, would a rapid pulse with widely dilated pupils in a woman

otherwise in apparently good health, indicate a pregnant uterus only, or might not the same signs be found in suppressed menses from cold or a beginning fibroid, or some uterine disease?

It is understood that Dr. Moses does not insist upon the pulse rate being exactly 102, nor in a certain dilation of the pupils.

Let us seek for this sign in our daily work and ascertain its true value.

Since typhoid infection has been traced definitely to contaminated butter it will be wise for us to consider this in the prophylactic precautions during an epidemic. The bacillus of Eberth retain their virulence in butter for twenty-seven days.

New York City is to have a \$2,000,000 sanitarium on Saten Island for incipient cases of tuberculosis. It will accommodate 800 patients and be under the control of the Department of Charities and Corrections.

Senator Proctor, of Vermont, has agreed to build a sanitorium for incipient cases of tuberculosis, at a cost of \$50,000, and will endow it with a further contribution of \$100,000.

Since Dr. Osler's arrival in England, all persons over a certain age are trying to look as young as possible.

CAUSES AND TREATMENT OF APPENDICITIS.

Charles F. Beeson, M.D., Roswell.

To intelligently and successfully minister to a person suffering from any disease, the cause must first be worked out and their relations critically scrutinized, and in no other serious affection does this law apply more forcibly, to

the intelligent practitioner, than in that of appendicitis.

My limited experience with this disease has taught me that it is one of the most treacherous of which we have to deal and that by a thorough knowledge of the conditions leading up to it we will be greatly aided in robbing it of some of its treachery. I will venture to say that the cunning of this demon has aided the grave in forever concealing as many of our mistakes as any other acute inflammatory condition, and yet, I might add, that there is not a disease at the present time which is as a rule more easily diagnosticated. If our mistakes are not made in the diagnosis they are made in the treatment and are only too often interred with the remains in the cemetery on the hill. Recent studies from the Chicago death certificates, by Barrett, give a little insight into the truthfulness of these statements.

It has been said that in every death from appendicitis someone has blundered. Be this as it may, my memory refuses to erase an impression it received some time ago from a case of a young man, the flower of the family, who took suddenly ill with a pain in the abdomen, nausea and vomiting. He had had an attack like this before, and, living a few miles in the country, hesitated to send for a physician; the vomiting persisted, however, and I was sent for on the third day of his illness. I found him feeling much better, but still nauseated, his temperature was 99, his pulse 60; he had no pain anywhere, his abdomen was flat and practically free from tenderness; there was no rigidity of any of the abdominal muscles. I took great care to exclude appendicitis and hernia, and called the attention of the young man's family to that fact. He died, however, in about forty-eight hours and a small incision

in the right iliac fossa revealed the true nature of the case.

To properly understand the causes of this disease, we must inquire why this organ is so frequently affected: we must begin with its anatomy, in other words, begin with itself as a cause, and I might add that one of the first and foremost causes of appendicitis is the vermiform appendix.

Normally the appendix is a blind tube about the size of a lead pencil, varying from one to six inches in length, springing from the rear of the caecum toward its inner aspect.

It usually has a mesentery for about half its length, its serous, muscular and areolar coats are similar to those of the small bowel. Owing to its somewhat pendulous condition its attitude varies enormously.

The m. m. lining the appendix is composed of a delicate retiform connective tissue containing numerous lymphoid cells within its meshes and so many solitary glands and glands of Lieberkuhn as to constitute a nearly complete layer in and just beneath the mucosa.

The m. m. is lined with a basement membrane on which are found columnar epithelial cells covered with various micro-organisms.

From within the caecum there is sometimes seen a prominence of the m. m. partially or completely surrounding the orifice of the appendix, called the valve of Gerlack, which is due to an increase of the lymphoid elements at this point. This, under certain circumstances, could certainly act as a valve and thus favor occlusion of the orifice. These lymphoid elements become hypertrophied during the first attack and we can readily see why one attack may predispose to another one, and a more serious one later; this may also explain how diseases of the intestines, such as

typhoid and enteritis, act as a predisposing cause.

The blood supply to the viscera in the right iliac fossa is derived from loops formed by anastomosis of the right colic and the ilio-colic arteries, branches of the superior mesenteric artery; from these loops secondary loops are given off and from these are derived the arteries that supply the appendix. The appendicular artery, when present, passes along the free border of the meso-appendix; but if that structure is absent it usually passes beneath the peritoneal coat of the appendix. In the female at times there is an additional supply of blood brought to the appendix through the folds of the appendiculo-ovarian ligament. Thus we see the blood supply to be very meagre, especially in the male. The lymphatics of the appendix pass to a chain of glands in the angle formed by the injunction of the appendix with the caecum, they may also empty into those of the ovary by passing along the appendiculo-ovarian ligament, thus forming a lymphatic communication between the appendix and the right ovary; this may help to explain the fewer cases of appendicitis in the female as any one can readily appreciate the advantages of a back door graft.

The appendix is innervated through the superior mesenteric plexus of the sympathetic, the branches of this plexus which accompany the ileo-colic artery send filaments into its substance. It is significant that this plexus also innervates the intestines and that it is derived from the solar plexus and the right pneumo-gastric nerve, which may explain the deceptive symptoms sometimes seen in this disease; it is through this plexus that the pain may be referred to any portion of the abdomen, it is through the eleventh and twelfth thoracic spinal nerves *via* of

the solar plexus that we have the superficial hyperesthesia and the rigidity of the abdominal wall, it is probably through the right pneumo-gastric whence comes the vomiting and sometimes bradycardia; any of which may be present or absent, depending upon the stimulation or inhibition reflexly produced by the pathological process present, in other words, upon the condition of the telegraph instruments at the seat of trouble.

Gerrish tells us that in fetal life the caecum is relatively much longer than in the adult condition; at birth it is a long cone hardly suggesting the shape which it finally assumes, the portion nearest the colon grows and develops equally with the latter but the remainder ceases to develop, and being vastly outgrown and overshadowed by the upper portion become an appendage to what was originally the smaller part of the blind gut. We see, therefore, that this worm-like organ has reached its present condition as the result of arrested development and not of degeneration.

After the thirtieth year, as age advances, the appendix becomes shorter and often shrivels to a mere cord by atrophy of its m. m. and lymphoid follicles; thus we can readily imagine why an organ with such disproportionate anatomical relations with its neighbors is so easily and so often the cause of internal dissensions and usually affecting those of our society who are strong and active.

The period of most frequent disturbances is between the ages of 10 and 30, corresponding, no doubt, to its period of greatest activity, as well as that of the individual possessing it. The disease seldom occurs before the third year and when occurring after 40 is probably always a recurrent attack.

About 75 per cent of the cases seem

to occur in the male sex, owing partly, probably, to his greater activities in life and to the appendiculo-ovarian blood supply and lymphatic drainage in the female. The menstrual period and difficulties of diagnosis in the female may influence the ratio to some extent.

The disease seems to increase with crowding of population, also with strenuity and injudicious manners of eating.

I have seen comparatively few cases among the Mexicans. It also seems to occur most frequently in the summer months and points very strongly to the habits of the people. As Sir Frederick Treves puts it: The child with teeth overlapping, the young man who bolts his food and continually eats and drinks too much, the young lady with her pop-corn and peanuts and the commercial traveler who has his meals all over the country and at all hours, the strenuous life of today and the neglect of the old-fashioned purgatives, no doubt contribute to the predisposition of this disease; my last two cases gave histories of excessive meat eating at their last meal. Athletes, ball players, professional swimmers and bicycle riders are frequently affected, owing, to some extent, possibly, as someone has suggested, to the frequent and excessive contractions of the psoas muscle bumping against the appendix, altering its position and blood supply or traumatically lessening its physiological resistance. Forcheimer and Murphy have cited a family predisposition which might be explained by an hereditarily weak appendix or as is common to families, a similarity of food and habits of eating.

A specific germ for its cause has never been established.

An endless list of more nearly related causes are credited with this disease, such as twists and kinks of the

appendix, emboli and thromboses in the artery leading to it, congenital anomalies and hernia.

Cholera morbus ushers in many cases. Enteritis, colitis, dysentery, typhoid fever and previous attacks of appendicitis predispose by hypertrophy of the lymphoid tissues and often by scar tissue with resulting stricture of its lumen. Syphilis has been blamed for producing endarteritis of the appendicular artery.

A floating right kidney by compressing the mesenteric arteries between the head of the pancreas and the vertebral column may produce a latent chronic form because the weakest point would suffer first. Pelvic diseases and adhesions dragging and binding the appendix no doubt exert a deleterious influence on so frail a member of abdominal society. Tonsillitis and rheumatism have been blamed with this as well as so many other affections. Malignant growths, tuberculosis and influenza are of right and should be censured for imposing on so delicate a little creature.

One of the most frequent predisposing causes, and, to my mind, the true gate-opener to the innermost sanctum of the little blind gut is the accumulation of gas in the cecum which inflates the entrance and allows to enter a beautiful array of mucus particles, small scybali masses, concretions, enteroliths, gall stones, pins, tacks, bird-shot, undigested particles of food and even puter from canned goods which might be passing that way. Mucus and fecal particles seem to constitute 80 per cent of all cases examined.

The semi-lunar fold over the entrance to the appendix seems to require gas to life it. This has been experimentally proved by Rubin. Constipation and indigestion favor gas formation.

All of the above mentioned and probably more conditions acting singly and together combine to produce a condition of stasis either in the circulation of its tissues or in the drainage of its lumen, either of which disturbs that delicate equilibrium which is so essential to its life, and this, with the ever-present micro-organisms, leads up to a condition of active inflammation, the ultimate result of which no earthly human can predict with certainty and will only be favorably influenced by that line of treatment which is based upon a thorough knowledge of this sequence and its dangers.

The outcome of such a condition will depend:

¹On the ability of the little organ to remove the offending particle and re-establish its drainage or to establish a collateral circulation to prevent its death.

²On the nature and virulence of the bacteria present.

³On the physiological resistance of its tissues to infection.

⁴On the intelligence and prompt action of the medical attendant.

A favorable outcome is very materially handicapped in the first instance by the feeble peristaltic action of the appendix, due to a lessened nerve supply also to its pendent position in the free abdominal cavity.

In the second place the germs usually present are the most virulent of which we have to deal, the coli-commune, streptococcus and staphylococci and sometimes the diplococcus pneumonia, tubercle bacilli and the germs of typhoid and actinomycosis.

And thirdly, its meager blood supply and the various influences enumerated as predisposing causes act as lowerers of vital resistance and places the connecting link in that chain which es-

establishes that ever-progressive vicious circle.

And lastly, but not least, the intelligent physician may be balked by a wilful patient, a prejudiced family or an illogical consultant.. Now with these anatomical and physiological conditions present what will be the result? The offending condition must be removed and the circulation re-established in the first few minutes of the attack or we will have a rush of secretions filling the lumen, distending its walls, increasing the virulence of the germs by the inflow of culture media and at the same time decreasing the vital resistance of the tissues by stagnation and decomposition.

The lymphoid elements become swollen and congested and being more numerous in the region of the valve of Gerlack will finally, by the very nature of the structures at this point, close the outlet and hook the last link in that vicious chain and the battle is on. At the first signal of pain the whole organism responds to its cry, and every effort is centered upon the field of battle.

A telegram is sent to the stomach to admit nothing down that way, to the bowels to drop the omental curtain between them and the fire of the enemy, to the circulation to quicken and hurry forward the leucocytes, effusions escape, exudates and adhesions are formed and the warriors are temporarily excluded from the abdominal cavity. A board-like barrier is placed externally lest undue pressure defeat her purpose.

A few hours of this struggle may prove fatal to either the germs or their host, either of which will cripple the appendix forever and place a dynamite bomb in the belly of its owner. A secession of these signals at the end of one to three days may mean, either, that

the germs have been defeated and recovery is taking place, or it may mean that the wires have been cut, the enemy has won and the dead must be removed from the field. A successful treatment of this disease will therefore depend upon the ability of the attendant to interpret these signs and signals and to anticipate nature in her efforts at immobilization, exclusion and removal.

What efforts of science have been more fruitful, what hints from nature could be plainer, who can possibly suggest a better outline for its treatment.

An obstruction of a little blind gut, not sufficiently endowed to take care of itself: a derelict of waning usefulness, of least importance to its owner when normal, but of the greatest concern when diseased. But before we come to the treatment of the actual disease it is our duty to prevent it and to do this we must know its causes and prevent them. It has been said that the first great cause is the appendix itself, therefore its prophylactic removal must be considered.

If we can prove that it is a useless organ and that it is a menace to the life of the individual instead of the individual being a menace to its life, then we might advocate its indiscriminate removal, but in the present state of our knowledge it seems to me too much like putting the hopelessly ill out of his misery simply because we don't know how to cure him.

McEwen, in his Huxley lectures, shows that the relative importance of the stomach and caecum in the digestive process is determined by the kind of food on which the animal lives; in carnivorous birds and animals most of the work of digestion is done by the stomach, and the caecum is small and rudimentary. In herbivora, on the other hand, the caecum is enormously developed and in certain species, the

Solipedes, the caecum is the chief digestive organ. This suggests that man, being both carnivorous and herbivorous, should possess both stomach and caecum. It has been shown that digestive processes are never normal after removal of the caecum and observations through fistulae in the caecum have shown that one or two hours after the introduction of food into the stomach, there is a considerable secretion of mucus by both caecum and appendix, and that the ileo-cecal valve allows only an intermittent passage of the chyme from the small bowel to the caecum: a circumstance which would favor its admixture with the caecal and appendiceal secretions, and besides the large number of the glands of Lieberkuhn in the appendix surely speaks for something more than a useless organ.

We should, however, examine the appendix in abdominal operations and if we find it apparently diseased and if there is good reason for believing, such, to be part cause of the patient's suffering, remove it, provided no additional danger is added by time and manipulations.

An appendix which has once been severely attacked is useless and dangerous and should be removed while quiescent.

Intestinal antiseptics and an occasional purgatives might prevent gas formation, thereby removing a prerequisite in some cases and more especially those caused by small particles plugging the orifice.

Recurrent attacks might be less apt to occur if athletics, high-living, over-feeding and rapid eating and to some extent meats were given up.

To treat the disease itself I believe that if all physicians were surgeons and if all the people were thoroughly alive to the advantages of an early operation the utopia for its treatment

would be very nearly at hand and only for fear that duty might slumber, the occasion for writing a paper on this portion of my subject would be. like the secretary of Darius of old, who daily whispered in the monarch's ear, his vengeance to Athens, "Lest we forget."

How plain the treatment seems and how foolish some methods in vogue are revealed by a thorough knowledge of the conditions leading up to this affection and of nature's method of dealing with them.

It is not sufficient to say that so and so should be done, but why should it be done? We seldom get to see the case early enough to practice preventive measures. At this time, owing to the usual location of the appendix down behind and internal to the caecum, and considering the direction of its blood supply and lymphatic drainage it hardly seems reasonable to believe that local applications to the external abdominal wall will have any effect whatever.

An ice-cap lessens the pain, theoretically, by decreasing the congestion around the appendiceal opening and consequently lessening the distension of its cavity. If it has any effect whatever on the pathological process it will be a favorable one because cold greatly diminishes the tendency to inflammation and microbic invasion by preventing complete stasis, thereby favoring leucocyte migration.

The descending colon passing downward with a sigmoid curve to the rectum fairly brushes the appendix and can be made a veritable hot or cold water bottle, physiological salt sol. only must be used for this purpose.

If the pain is excessively severe our patient must have some relief and to do this a small dose of morp. hypo. must be given, but we must remember that

morph. stops peristalsis and if given early might defeat nature in her efforts to expell a mucus plug and if given later will place a false sense of security around our patient. I remember of giving one-fourth grain of morph. hypo. and in less than ten minutes time the patient made the remark that he never felt better in his life, the process was going on just the same, he got up after I was gone and later died of peritonitis. The early excruciating pain due to distention of the appendix often stops in a short time whether anything is given or not.

The removal of the appendix should be strongly advised at this time and the operation carried out without delay, and more safely is the appendix removed; and, besides, there is always a question as to who will be able to amputate first, the surgeon or the germs, because the earlier the operation the smaller the incision necessary, the less shock incurred and the easier, quicker and for the patient, the surgeon is surely preferable.

If the operation is not allowed, which has happened, and after the first few hours, when the walling off process is taking place, and inflammation is evidently established, heat will theoretically by its accelerating action aid nature in her efforts to remove the distending fluids and products of inflammation and will by increasing the local circulation favor adhesive formation and lessen the tendency to gangrene.

Antiperistaltic measures have a logical and scientific indication at this time: inhibit them by giving nothing per mouth and very little per rectum; place your patient in the Fowler position and enjoin absolute quiet for obvious reasons.

Four ounces normal salt col. per rec-

tum every four hours will quench thirst.

Dr. Ochsner's rest and starvation treatment is based upon these principles and is very scientific and logical, but good only as an auxiliary, and should never be followed blindly to the exclusion nor delay of surgical intervention.

Rectal food must be predigested, concentrated and fluid and given in physiological salt sol. to prevent peristaltic and rejection. The action of cathartics is the reserve to what we want, there is usually nothing in the caecum to remove and the peristaltic effect would be like hitting a broken leg with a club.

Salines would do the least harm because they stimulate the intestinal glands to extra secretion without much peristaltic action, but calomel is decomposed by the alkaline contents of the bowel, forming oxide of mercury, which acts especially on the excrementitious glands of the upper intestines, stimulating the bile flow by reflex action as a duodina purgative and these bilious secretions passing downward produces a severe and painful peristaltic unrest which may prevent or possibly tear up protective adhesions, their action is too slow to antedate inflammation and continues too long to be harmless.

At the end of thirty-six hours, if the case is progressively worse an operation should be urged with renewed vigor and by the end of the third day it is almost imperative to a successful termination of the case, this latter date is not always a good time to remove the appendix, but an incision should be made, if for nothing more than a vent for the future pus. A sudden ameloration of the pain and local signs may take place during this time, and if gan-

grene or perforation is suspected, operation should be done immediately.

If after a week, in a favorable case, the temperature and pulse begin to rise again and there is an increasing leucocytosis, an abscess is forming which should be opened and drained and the parts disturbed as little as possible; do not flush the abdominal cavity because that will disturb the adhesions and wash off the protective exudates. I have seen severe acute intoxication from simply disturbing the adhesions and exudates. The appendix should be removed at this time if it can be gotten easily.

If peritonitis has set in, stab drains should be made in the flanks and over the pubic region and in case of a woman open Douglas-cul-de-sac, place the patient in the Fowler position; the stab drains will let out the fluids and pus and the peritonium will take care of itself. It is of the utmost importance to operate early in appendiceal peritonitis. Fulminating cases are said to be due to streptococci, therefore, anti-streptococcus serum would be indicated in these awful cases.

The laity should understand that the removal of the appendix should be the first resort instead of the last, in this disease. Neither poverty nor bad surroundings should interfere in the least with this line of treatment. Pregnancy in the early months is no contra-indication, if abortion threatens, operate before it takes place, because the contractions of the uterus will tear up the adhesions and scatter the pus; late pregnancy, however, might be an exception to this rule owing to uncertainty of diag. from misplaced viscera, and the frequency of pyelitis in this condition.

Operation statistics by such men as Deavers, McBurney and Murphy show no mortality in interval cases, 2 per cent in early acute cases, and when we

consider 1³ per cent as the mortality for all surgeons with all kinds of cases, and 20 per cent for unoperated cases, and when we remember that medical cures are not cures at all, and some of them are not even appendicitis, doesn't it seem to you that by reading carefully the beautiful language of nature, which makes our profession so dear, the only rational and positive assistance left for us, to give to her, is an early removal of the little crippled and useless blind gut.

ONE HUNDRED CATARACT OPERATIONS PERFORMED IN NEW MEXICO AND SOUTHERN COLORADO. AND A PRESENTATION OF SPECIMENS.

By Luis Hernandez, M.D.

Mr. President and Gentlemen of the New Mexico Medical Society:

I have the honor of making a statistical report of one hundred operations for cataracts, which I have performed during the past fifteen years.

As you know I have been engaged in the general practice of our profession, and have had little spare time to devote to the specialties, but the great number of those suffering from blindness and other eye diseases, who present themselves almost daily for treatment, and the scarcity of specialists in our territory where so much is lacking yet before the medical profession may reach a point attained in other parts of the country, induced me to devote more time to this specialty to fill what seemed to me a demand, especially among the poor people of New Mexico. It was customary at that time for most of oculists to extract cataracts by the modified linear procedure of Von Graefe, which I followed in my maiden efforts, and I was certainly very well satisfied with the results in my first twenty operations done in patients in

Las Vegas, Trinidad, Conejos and in the vicinities of these towns.

Each successive experience in the treatment of eye-troubles increased my interest in this field of work and I was induced to make special preparation in this direction by attending, at different times, the clinics of Dr. Ricardo Berti, those of Dr. Fernando Lopez, and later those of Dr. Chavez, each of them an oculist of high attainments in the City of Mexico.

During this time, but at different periods, I attended the clinics of various other specialists of Chicago, particularly those of the young and brilliant Dr. Bettman; also those of San Francisco and New York, where Dr. Powers, in the former city, and Dr. Knapp in the latter, have, among others, brought this specialty to a most enviable high plane.

Wishing to give my patients the benefit of the additional knowledge acquired from luminous centers of specialism, I abandoned the method of Von Graefe, which is now supposed to cause conjunctival haemorrhages into the anterior chambers; and on account of the preferic location of the incision, the difficulty sometimes experienced in delivering the lens, the formation of the hernia of the iris and the frequent escape of the vitrous; finally, as the incision is in the dangerous region it is feared that it may excite a sympathetic inflammation.

I was able to confirm some of the objections to this method in some of the first twenty cases herein mentioned. Of these I had five haemorrhages obstructing the field of operation; three prolapses of the iris which disappeared by means of either excision or compressed bandages; four cases in which there was more or less abundant escape of vitrous endangering the result of the operation although vision was ob-

tained in the end; in one, purulent infiltration of the edges of the wound caused the loss of the eye. This last and two cases of iritis in which it became necessary to do secondary operations, I am inclined to attribute the trouble more to infection than to the procedure mentioned, on account of the lachrimals and conjunctiva lacking much that could be desired.

As I have said before notwithstanding the dangers to which these eyes were exposed by the procedure of Von Graefe, together with my inexperience, yet the first twenty operated upon, excepting two or three, owe to this celebrated oculist an improvement of vision so that with the aid of corresponding diopters they are enabled to read and work.

The remaining eighty cases of this report were operated upon after the procedure now being followed by the leading eye men, that is, by using the knife of Von Graefe, the incision is made in the first step of the operation, following exactly the corneo-scleral junction and making a flap superiorly which involves one-fourth, one-third, or two-fifths, of the diameter of the cornea, according to the size of the lens, this being ascertained before-hand.

In the second step I do not make an iridectomy, thus following the accepted plan and only resort to it in cases where clearly indicated; for example, when the lens is large and the iris contracted, not allowing it to pass and thereby tending to cause a prolapse of the iris; when the cataract is immature and may leave particles and be the cause of inflammation; and when the iris has been wounded by the knife or otherwise injured, which we know may easily happen. Aside from what has been said, the flap operation as described, that is, without iridectomy, is

an ideal operation and should always be used where no contra-indications exist.

The merits of this procedure are conclusively shown in the second series of cases of this report, where, in the first place, the number of prolapses of the iris were only two out of seventy operation without iridectomy.

You are no doubt aware that on account of prolapses of the iris, eye men are divided into two camps in the mooted question whether iridectomy should or should not be done in cataract extraction; one contending that by iridectomy the possibility of prolapse is avoided, while the opposite side argues that there is little to be feared in this direction after simple extraction, for if eserine is used, if the patient is kept quiet and the intraocular pressure is supported by careful bandaging, prolapses are avoided and should this accident come the consequences would not be great.

In my brief descriptions of the three methods mentioned the precautions in which I have the most confidence to establish the equilibrium of intraocular tension is by moderately firm bandaging and moulding the disks of cotton and gauze so that they fill and protect the eye after the operation, conveniently contrabalancing from without the increase of the internal pressure, an efficient factor in the prolapse of the iris. As to the use of eserine I must confess that I have little confidence in this agent, for not only does it not respond in the direction for which it is used, but is objectionable in that it sometimes causes iritis and may lead to infection.

If the modified flap extraction shows superior advantages over the older methods in the important points before mentioned it does no less so in preventing the other accidents that may present themselves during and after the operation. I will not enter into detail

on the second part of this report, for it would carry us too far beyond the time allotted to this paper and again many of the complications have not been experienced and others have been very rarely met.

The other advantages that may be credited to this procedure, together with the precautions that are usually taken to secure good results in these operations, are well known to you and I will not say anything about them here not wishing to tire the kind attention which you have shown me, for which accept my thanks.

Las Vegas, N. M., May 10, 1905.

NEPHRITIS.

S. S. Swope, M.D., Deming.

The kidney is a glandular organ, but there is no gland in the body with which it may be compared. The peculiarity of structure of the kidney lies in its blood supply and in its structure as a gland, having the power of regeneration within itself, which power is lessened as age advances. In order that this organ may perform its functions properly the blood must enter the kidney under proper pressure and without interference, and there must be no impediment to the outflow in the venous vessels. The diseases of the kidney, due to pathological principles in the blood, are most numerous and most serious, and their pathology is most obscure.

Under the general term nephritis, we include about all the diseases of the kidneys, except those of lithiasis.

Nephritis, Brights disease, albumen urea, and degeneration of the kidneys are the synonyms under which we study this affection.

In 1827, Richard Bright first pointed out distinctly the communication be-

tween certain cases of dropsy and morbid changes in the kidneys, both functional and structural. To him we owe the first attempt to classify the diseases of the kidney.

Rayer in 1840 divides the lesions described by Bright.

Reinhardt in 1850 was the first to make a careful histological study; while Charcot as late as 1878, from clinical and anatomical observations, distinguished the three different forms of nephritis. ??

The different forms of, and degrees of development of this disease, divided differently by different investigators, but after all there is little difference in their conclusions.

Austin Flint, in his 1870 edition, gave us acute parenchymatous and tubular nephritis. Chronic parenchymatous, chronic interstitial and waxy degeneration.

Delafeld, in the 20th century, gave us acute and chronic degeneration of the kidney, and then goes into an exhaustive study of the subject. He divides these two into productive and exudative, and these subdivisions into productive with and without exudation, and exudative without the productive qualities; until the student is lost in a maze of microscopical and macroscopical pathological anatomical differences, that one less gifted than the gifted author, scarcely emerges from them with much elucidation of the subject.

Osler simplifies matters wonderfully by describing the affection under the two simple heads of acute and chronic Bright's disease, calling attention to their degrees. After all, it would seem to me that a simple deduction from these sage investigators, would lead us to a division of the affection into acute interstitial and parenchymatous nephritis. Chronic interstitial and paren-

chymatous nephritis, with a union of the last two terms in the condition known as amyloid degeneration, or waxy kidney.

It is difficult to see how the parenchyma of so delicate an organ can be affected without the interstitial tissues, with which it is so intimately connected sharing that pathological condition to some extent; but we must swallow things that are given us sometimes by those great lights in the profession, who have the advantage of us in opportunity and possibly in mental development, so long as we have no means of refuting their conclusion.

ETIOLOGY—Of the causes of this affection exposure to cold and wet are the most frequent. Age plays but little part. Doctor Jacoby, in the New York Medical Journal, 1896, describes cases of this disease in new-born infants, and summarizes his conclusion as follows: Nephritis is not rare in the new-born. The use of a centrifuge enables us to recognize cases of nephritis in infants, which formally were considered simple or transient albumen uria. The octogenarian tottering on the brink of futurity is overtaken and hastened on his journey. Males are more often attacked than females, because of the more frequent exposure to causes. The exanthemata, injection of poisons, among which are arsenic, turpentine, cantharides and carbolic acid are frequent causes. It occurs as a sequelae to alcoholic poisoning, malaria, mumps, exzema and influenza; and may complicate syphilis, typhoid fever, and tubercular infection. It may be a primary tubercular infection (Fenwick in the Twentieth Century Practice; Ewing in The American Journal of Medical Sciences, 1891, describes a most interesting condition where the parasites of malaria were found massed in the pei-

vis of the kidney, and were the probable cause of the nephritis. Sacaze, in a French Journal in 1895, reports a case of nephritis in an apparently healthy gardener of sixty-five years, who developed the disease from a scratch received while handling some wood, and died one month later with uremic symptoms. The autopsy showed a nephritis and no other important lesions, while cultures from skin wound showed staphylococcus albus. L. W. Allen, American Journal Medical Science, March, 1905, reports a case of chronic pyelitis due to the bacillus coli-communis which entirely recovered after a nephrotomy; pure cultures showed the colon bacillus and experiments on pigs resulted in death in five days of purulent peritonitis.

In the acute milder forms little changes are noted in the kidney; seen early in more severe forms they are congested, swollen and dark, and sections drip blood. Others are pale and mottled; capsules stripping off readily, cortex swollen and turbid of grayish red color. The cortical substance is found relatively much increased.

Under the microscope, the principal alteration seen, is the immense increase of epithelium mixed with more or less blood; choking up the lumen of the convoluted tubes, whose diameter in extreme example, are increased to two or three times their normal size. The individual cells are commonly granular, opaque or disintegrated, and sometimes contain oily particles. The straight tubes show evidence of the same process, but in less degree, some of them partially and some wholly denuded of epithelium. The affection is a catarrh of the uriniferous tubes, with increased epithelial growth. An inflammatory congestion with rapid swelling and rup-

ture of the capsule of the malpighian tufts.

The pale or mottled appearance sometimes observed is due to the extreme proliferation of epithelium.

In the chronic affections, we have three distinct varieties. The large smooth white, found in those cases follow the acute condition, and is little more than an advance to a further stage of the acute. The surface is smooth and presents stellate patches of blood vessels. Capsules thin and easily removed. Microscopical changes limited to uriniferous tubes, which are enlarged and extended from the great increase of their epithelial lining, and may contain fibrinous exudation and blood. The cells are swollen, opaque and granular, and frequently loaded with oil. The malpighian tufts are little changed, the cones undergo changes analogous to those of cortex, and the straight tubes may be filled with fibrinous casts. This kidney, if the patient survives sometime may atrophy and develop depression on the surface which give the organ a granular character, but it generally remains large and smooth to the last.

The small white granular kidney, synonymous with gouty kidney, interlobular nephritis and interstitial nephritis.

The organ is diminished in size and reduced in weight, the surface rough, studded with elevations, from the size of the head of a pin to that of a small pea. Capsules opaque, thickened and inherent. The microscope demonstrates extensive destruction of the secreting tissue. Malpighian bodies shrunk and abnormally crowded, their vesicular tufts in a fibrous granular investment. The uriniferous tubules denuded of epithelium. Some reduced to mere threads. Some containing fibrous cylinders and others packed with broken

epithelium. Comparatively normal tubes, lined with healthy epithelium and found side by side with the diseased and altered ones. Arteries show an advanced sclerosis and intima greatly thickened. The amyloid or waxy kidney is large and pale, surface smooth. On section the cortex is large, may show peculiar glistening infiltrated appearance, glomeruli distinct. The pyramids in contrast to cortex, are deep red. Sections soaked in dilute iodine show spots of mahogany brown. The malpighian tufts and straight vessels are most affected. The amyloid change is first seen in the malpighian tufts and then in afferent and efferent vessels and straight vessels, and may be confined to them. The tubules may be affected in latter stages, rarely the cells.

The pyelitis of Osler and other writers has little distinctive character and may be a general pyogenic destruction from infection through the medium of the blood, with the prepared ground for its reception in the development of either of the former described conditions. The symptoms of nephritis is often so slight that our patient feels little more than a general malaise, (2) and consults you for a constructive tonic after having tried prickly ash bitters, Peruna or something else, except in the acute form, except (1) when some morbid principle overwhelms the organ. The patient becomes pale, anaemic and puffy about the eyes, has headache of throbbing character, sometimes shifting, and accompanied by vertigo and tenitus. (Butler Diagnostics of Inter. Med.)

Optic neuritis, albuminuric retinitis, is seen in interstitial and chronic perenchymatous nephritis. These retinal symptoms are often first found by the oculist. In a well written article by William Cheatham, of Louisville, Ky.,

read before the Kentucky State Medical Society, 1896 published in American Practitioner and News, he calls attention to this symptom. Making a diagnosis where the disease was not suspected by the attending physician, and mentions that he has seen typical cases of papillo, retinitis, nephritica with perfect vision, and claims that the ophthalmoscope will frequently indicate the advance or recession of the trouble.

O'Donovan, of Baltimore, in an article in the Medical News, September, 1899, lays great stress on the presence of Scheyne-Stokes respiration during sleep in the advanced stages of this disease, and claims that this symptom gives warning of sclerotic changes in chronic interstitial nephritis at a time when albumen is totally absent from the urine or in so small quantity as to elude ready detection. He cites a number of cases in his experience.

The urinary changes are the most characteristic symptoms. This excretion is diminished in acute cases, but increased in the chronic form. Specific gravity ranges from 1005 to 1012, the color ranges from a smoky to a deep porter color, sometimes red in acute form, but usually a light yellow in the chronic. In the acute form the microscope demonstrates blood corpuscles, epithelium from the urinary passages and casts of hyaline, blood and epithelial variety, with abundant albumen. In the chronic condition the sediment is often scanty and in it a few hyaline or granular casts, while the albumen may not be abundant. The pulse is usually hard and tension increased. The digestive system is disturbed. The nervous system and special senses undergo changes. The skin becomes oedematous, is often dry and pale and sweats are uncommon.

Epistaxis and purpura may develop,

broncho-pulmonary hemorrhage may occur. The temperature in the chronic form is slightly elevated. While albumen urea is probably the most constant symptom it is not necessarily present. Edwards, in an exhaustive article published in the American Journal of Medical Science, 1898, cites a number of cases and calls special attention to this fact. Pain about the loins is not always present.

Diagnosis—The diagnosis of this affection is not a difficult one. To determine the particular stage or condition of the organs, is a very difficult procedure and the autopsy alone often determines the true nature of the disease. We should not rest content with a single examination of urine. The morning and evening urine should be tested and the effects of diuretics carefully noted. The test tube, the centrifuge and the microscope should all be brought into requisition. Doremus ureometer will be found a valuable adjunct in determining the quantity of urea being excreted. Gabot, of Boston, in the Journal of American Medical Association, March 1905, gives some salient points as to the examination of urine. I regret I cannot quote him more fully.

Prognosis. Cases of chronic Bright's disease seldom, if ever, recover, though I know of a case that lived for more than thirty years after a diagnosis was made, and finally succumbed to the disease.

The acute disease does recover and I have a case of a young woman, married, mother of two children, not pregnant, who developed acute nephritis three years ago, she has entirely recovered. Her physical condition is better than at any time in life. Her urine is free from any pathological condition. I have seen within the last two years a case of phthisis pulmonalis

who was rapidly improving, develop tubercular nephritis, and succumb to its effects in two months.

I have under observation a boy of 16 years who developed acute nephritis eight years ago, and apparently completely recovered, he weighs 135 pounds and looks rugged. A recent examination of urine, after a prolonged physical effort developed the presence of 4 per cent albumen, with casts in large numbers. I have warned him of his danger.

Treatment. I am sorry I have no new remedy to offer the profession. No specific with magical effect to restore to normal functions, diseased epithelium.

To relieve impacted tubules and disgorge congested malpighian tufts. That would wash out, and restore to normal functions afferent and efferent vessels. That would restore the denuded surface of tubes and cleanse the clogged and useless filter. The medical treatment has changed but little since Austin Flint gave us the benefit of his knowledge in 1879. New remedies have come and gone and left only their impressions on the pages of effete medical literature. Osler gives us as clear an idea of the work as we could ask, when he says: "These patients should so regulate their lives as to throw the least possible strain upon their arteries and kidneys." A quiet life without mental worry, with gentle but not excessive exercise, and a residence in an equable climate. They should keep their bowels regular and skin active by daily tepid baths with friction. Should keep the urinary secretions free by drinking daily a definite amount of pure water. Alcohol should be strictly prohibited. Tea and coffee allowed in moderation. Mineral waters probably have no curative influence. They help the interstitial circulation and keep the drain

flushed. Within a few days I have seen the waters of a hot springs work almost wonders on these cases, the skin clear up, the vertigo disappear, the tenitus diminish and the albumen of the urine rapidly subside.

Various new diuretics have been suggested among which may be mentioned diuretine, and anasarchine, they have little if any advantage over our old stand-bys—infusion digitalis, acetate potash, and cream of tartar. In all cases iron seems to exert a beneficial influence. Weir Mitchell recommends the tincture per-chloride in large doses, while Basham's Mixture should not be overlooked. The careful attention to the symptoms and close observation of the conditions of the patient and their excretions enable us to prolong life to a remarkable extent.

Recently there has been quite a stir in the surgical world, by reason of successes resulting from nephrotomy and stripping of the capsules Ferguson, *Med. Stand.*, January, 1899, applied this principle with signal success. Edibohls, of New York, in April, 1899, called attention to his work in this line, and the procedure is still being carried out with success. It is rational if a heroic measure and in favorable cases will no doubt be productive of great good.

I am sensible of the incompleteness of this paper. In my small library the literature on the subject covers hundreds of pages. I have taken the privilege of quoting freely from authors whose opportunities and experience I have profited. I have not always been able to give them credit in the body of the paper and must now acknowledge my obligations to my files of *American Jour. Medical Science*, *Medical News*, *Journal American Medical Association* and *American Practitioner and News*; to Flint's *Clinic Med.*, Reynolds' Sys-

tem, *American Hand-Book*, *Twentieth Century Practice* and *Osler's Practice*; to Simons, Dacostas, and Loomis *Diagnosis*, and others.

THE GREAT AMERICAN FRAUD, LIQUOZONE.

Samuel Hopkins Adams.

Twenty years ago the microbe was making a great stir in the land. The public mind, ever prone to exaggerate the importance and extent of any new scientific discovery, ascribed all known diseases to microbes. The infinitesimal creature with the mysterious and unpleasant attributes became the leading topic of the time. Shrewdly appreciating this golden opportunity, a quack genius named Radam invented a drug to slay the new enemy of mankind, and gave it his name. "Radam's Microbe Killer" filled the public prints with blazonry of its lethal virtues. As it consisted of a mixture of muriatic and sulphuric acids with red wine, any microbe which took it was like to fare hard; but the ingenious Mr. Radam's method of administering it to its intended prey, via the human stomach, failed to commend itself to science, though enormously successful in a financial sense through flamboyant advertising.

In time some predaceous bacillus, having eluded the "killer," carried off its inventor. His nostrum soon languished. Today it is little heard of, but from the ashes of its glories has risen a mightier successor, "Liquozone." Where twenty years ago the microbe reveled in publicity, today we talk of germs and bacteria; consequently Liquozone exploits itself as a germicide and bactericide. It dispenses with the red wine of the Radam concoctions, and relies on a weak solution of sulphuric acid and sulphurous acids, with an oc-

casional trace of hydrochloric or hydrobromic acid. . . . Yet the Liquozone Company is not a patent medicine concern. We have their own word for it.

"We wish to state at the start that we are not patent medicine men, and their methods will not be employed by us. . . . Liquozone is too important a product for quackery."

The head and center of this non-patent-medicine cure-all is Douglas Smith. Mr. Smith is by profession a promoter. He is credited with a keen vision for profits. Several years ago he ran on a worthy ex-piano dealer, a Canadian by the name of Powley (we shall meet him again, trailing clouds of glory in a splendid metamorphosis), who was selling with some success a mixture known as "Powley's Liquefied Ozone." This was guaranteed to kill any disease germ known to science. Mr. Smith examined into the possibilities of the product, bought out Powley, moved the business to Chicago, and organized it as the Liquid Ozone Company. Liquid air was then much in the public prints. Mr. Smith, with the intuition of genius, and something more than genius' contempt for limitations, proceeded to catch the public eye with this frank assertion: "Liquozone is liquid oxygen—that is all."

The object of the company was not to make money, but to succor the sick and suffering. They say so themselves in their advertising. For some reason, however, the business did not prosper as its new owner had expected. A wide appeal to the sick and suffering was needed. Claude C. Hopkins, formerly advertising manager for Dr. Shoop's Restorative (also a cure-all) and perhaps the ablest exponent of his specialty in the country, was brought into the concern, and a record-breaking campaign was planned. This cost no little

money, but the event proved it a good investment. President Smith's next move showed him to be the master of a silver tongue, for he persuaded the members of a very prominent law firm who were acting as the company's attorneys to take stock in the concern, and two of them to become directors. These gentlemen represent, in Chicago, something more than the high professional standing of their firm; they are prominent socially and forward in civic activities; in short, just the sort of people needed by President Smith to bulwark his dubious enterprise with assured respectability.

In the Equitable scandal there has been plenty of evidence to show that directors often lend their names to enterprises of which they know practically nothing. This seems to have been the case with the lawyers. One point they brought up: was liquozone harmful? Positively not, Douglas Smith assured them. On the contrary, it was the greatest boon to the sick in the world's history, and he produced an impressive bulk of testimonials. This apparently satisfied them; they did not investigate the testimonials, but accepted them at their face value. They did not look into the advertising methods of the company; as nearly as I can find out, they never saw an advertisement of liquozone in the papers until long afterward. They just became stockholders and directors, that is all. They did as hundreds of other upright and well-meaning men had done, in lending themselves to a business of which they knew practically nothing.

While the lawyers continued to practice law, Messrs. Smith and Hopkins were running the Liquozone Company. An enormous advertising campaign was begun. Pamphlets were issued containing testimonials and claiming

the soundest of professional backing. Indeed, this matter of expert testimony, chemical, medical, and bacteriologic, is a specialty of liquozone. Today, despite its reforms, it is supported by an ingenious system of pseudo-scientific charlatantry. In justice to Mr. Hopkins, it is but fair to say that he is not responsible for the basic fraud; that the general scheme was devised, and most of the bogus or distorted medical letters arranged, before his advent. But when I came to investigate the product a few months ago, I found that the principal defense against attacks consisted of scientific statements which would not bear analysis, and medical letters not worth the paper they were written on. In the first place, the liquozone people have letters from chemists asseverating that the compound is chemically scientific. . . .

[Mr. Adams goes on to say that, on investigation, he found that the technical indorsement obtained by this company, when analyzed, failed to bear out the claims of liquozone as a medicine. Inquiries conducted along medical lines revealed the fact that the published indorsements were either misstatements or a garbled version of what really had been written about liquozone. One physician, a hospital interne, who was paid to make bacteriologic tests of the germicidal power of liquozone, stated that it had shown such powers, but that the product was worthless medicinally. The last half of his report was suppressed; only the first half was printed under the designation of "Report made by the ———: Hospital." Another statement was said to have been published by a Dr. "W. H. Myers" in "The New York Journal of Health." Dr. Myers and that journal, Mr. Adams says, are purely fictitious. Another testimonial purporting to come from a physician was found to have been writ-

ten by a veterinary surgeon. The Suffolk Hospital and Dispensary in Boston, through its president, Mr. Smith, testified in glowing terms to the remedial value of liquozone, but the hospital medical authorities know nothing of liquozone and never prescribed it. One testimonial was found to be genuine, having been written by a "cancer-cure" specialist, who stated that the letter was "not solicited." Letters addressed by Mr. Adams to various institutions in Chicago elicited the information that it either had never been used or that it had been experimented with for external application or that a few private patients had purchased it, but on no recommendation from the physicians. Attempts made personally to peruse the "overwhelming number of medical indorsements" failed, the officials of the company claiming that these indorsements were 'in the press and could not be shown.]

. . . . In a pamphlet issued by the company and since withdrawn occurs this sprightly sketch:

"Liquozone is the discovery of Professor Pauli, the great German chemist, who worked for twenty years to learn how to liquefy oxygen. When Pauli first mentioned his purpose men laughed at him. The idea of liquefying a gas—of circulating liquid oxygen in the blood—seemed impossible. But Pauli was one of those men who set their whole hearts on a problem, and followed it out either to success or the grave. So Pauli followed out this problem, though it took twenty years. He clung to it through discouragements which would have led any lesser man to abandon it. He worked on it despite poverty and ridicule," etc.

Alas for romance! The scathing blight of the legal mind descended on this touching story. The lawyer-direct-

tors would have none of "Professor Pauli, the great German chemist," and liquozone destroyed him, as it had created him. Not totally destroyed, however, for from those rainbow wrappings, now dissipated, emerges the humble but genuine figure of our old acquaintance, Mr. Powley, the ex-piano man of Toronto. He is the prototype of the Teutonic savant. So much the liquozone people now admit, with the defense that the change of Powley to Pauli was, at most, a harmless flight of fancy, "so long as we were not attempting to use a name famous in medicine or bacteriology in order to add prestige to the product." A plea which commends itself by its ingenuousness at least. . . . Just as to Peruna all ills are catarrh, so to liquozone every disease is a germ disease. Every statement in the new prospectus of cure "has been submitted to competent authorities, and is exactly true and correct," declares the recently issued pamphlet, "Liquozone, the Tonic Germicide"; and the pamphlet goes on to ascribe, among other ills, asthma, gout, neuralgia, dyspepsia, goiter, and 'most forms of kidney, liver and heart troubles' to germs. I don't know just which of the eminent authorities who have been working for the Ligozone Company fathers this remarkable and epoch-making discovery. It might be Professor Pauli, or perhaps the sulphuric-acid-proof firm of Dickman & Mackenzie. Whoever it is ought to make the definite facts public, in the interests of humanity as well as their own. Monuments of discarded pill boxes will celebrate the liquozone savant who has determined that dyspepsia is a germ trouble. The discovery that gout is caused by the bite of a bacillus and not by uric acid is almost as important an addition to the sum of human knowledge as the determination

of a definite organism that produces the twinges of neuralgia, while the germ of heart disease will be acclaimed with whoops of welcome from the entire medical profession. The old claim is repeated that nothing enters into the production of liquozone but gases, water, and a little harmless coloring matter, and that the process requires large apparatus and from eight to fourteen days' time. I have seen the apparatus, consisting of huge wooden vats, and can testify to their impressive size. And I have the assurance of several gentlemen whose word (except in print) I am willing to take, that fourteen days' time is employed in impregnating every output of liquid with the gas. The result, so far as can be determined chemically or medicinally, is precisely the same as could be achieved in fourteen seconds by mixing the acids with the water. The product is still sulphurous and sulphuric acid heavily diluted, that is all. . . .

[Mr. Adams further states that of the chemists and bacteriologists employed by the Ligozone Company there is not one who will risk his professional reputation on the simple and essential statement that liquozone taken internally kills germs in the human system. Under the direction of Mr. Adams, and in the presence of Dr. Gradwohl, representing the Ligozone Company, a series of guinea-pig tests was made by the Lederle Laboratories. The result was that liquozone was found to have absolutely no curative effect, but did, when given in pure form, lower the resistance of the animals which had been inoculated with anthrax, diphtheria and tuberculosis, so that they died a little earlier than those not treated. Dr. Gradwohl was satisfied of the fairness of the tests and declared that, in his opinion, the tests had proved the

total ineffectiveness of liquozone as an internal germicide. Mr. Adams says that these experiments showed further that liquozone may decrease the chances of the patient's recovery with every dose that is swallowed, but certainly would not increase them. Mr. Adams continues as follows:

Since the announcement of this article and before Collier's has been in receipt of much virtuous indignation from a manufacturer of remedies which, he claims, liquozone copies. Charles Marchand has been the most active enemy of the Douglas Smith product. He has attacked the makers in print, organized a society, and established a publication mainly devoted to their destruction, and circulated far and wide injurious literature (most of it true) about their product. Of the relative merits of "Hydrozone," "Glycozone" (Marchand's products), and "Liquozone," I know nothing; but I know that the Liquozone Company has never in its history put forth so shameful an advertisement as the one reproduced on this page [which appeared in *The Journal*, Sept. 23, 1905, p. 936], signed by Marchand, and printed in the New Orleans States when the yellow-fever scare was at its height.

The Hydrozone is an "ethical" remedy; its advertisements are to be found in reputable medical journals.—Excerpts from Collier's Weekly, Nov. 18, 1905.

SUPREME COURT DECISION.

In the Supreme Court of the Territory of New Mexico. January Term, A. D. 1905.

Territory of New Mexico, Appellee,
vs.

J. M. Newman, Appellant.

No. 1984. Appeal from District Court, Chaves County.

Syllabus.

Criminal law; constitutional law; class legislation.

1. In the trial of one charged with practicing medicine without having obtained a license, as required by chapter 40 of the session laws of 1903, an instruction to the jury that there was no evidence to justify conviction of the first and third subdivisions of section 6 of said act, as made by the court for the purpose of a trial, and that they should consider only the evidence bearing on the second subdivision, was sufficiently favorable to the defendant.

2. The defendant was not entitled to have the jury instructed to return a verdict of not guilty on the ground that there was no evidence to show that he had at any time engaged, or offered to engage in the practice of medicine.

3. Chapter 40 of the session laws of 1903, is not class legislation within the meaning of the 14th amendment to the Constitution of the United States.

Statement of Facts.

The defendant was indicted October 31st, 1904, for practicing or offering to practice medicine without having obtained a license, as required by section 9 of chapter 40 of the session laws of 1903; and was tried and convicted by a jury, November 3rd, 1904; a motion for a new trial was filed in his behalf, and overruled after hearing and on the same day he was sentenced by the court to pay a fine and to be imprisoned, but the sentence to imprisonment was suspended. From said judgment and sentence the defendant appealed. The essential facts of the statute in question appear in the opinion.

Opinion of the Court—Abbott, Ira J.

We take up the appellant's objections to the judgment appealed from in the inverse order of their importance; and, first, the claim that it was error to instruct the jury there was no evidence to warrant a conviction on the first and third subdivisions of section 6 of chapter 40 of the session laws of 1903, and that they should take into consideration only the evidence bearing on the second subdivision. The Instruction objected to was as follows: "The practice of medicine... means (1) to open an office for the practice of medicine, or (2) to announce to the public or to any individual in any way, a desire or willingness, or readiness, to treat the sick or afflicted, or investigate or diagnose or offer to investigate or diagnose, any physical or medical ailments of disease, or any person, or (3) to suggest, recommend, prescribe or direct for the use of any person any drug, medicine, appliance, or

other agency, whether material or not material, for the use, relief or palliation of any ailment or disease of the mind or body, or the cure or relief of any wound, fracture, or bodily injury or deformity, after having received or with the intent to receive therefore, either directly or indirectly any bonus, gift or compensation."

This instruction seems to us to have been favorable to the defendant rather than otherwise, since it greatly restricted the number of acts which the jury might otherwise have found the defendant committed in violation of the statute. The subdivision complained of was a proper and appropriate one, under the circumstances.

The appellant objects, further, that by the statute in question a new, unusual and false meaning was given to the phrase "practicing medicine"; that he never engaged or offered to engage in the practice of medicine, that on the contrary the evidence showed him to be a practitioner of a system of drugless healing, and that the legislature could not so extend the meaning of said words "practice of medicine" as to cover and include methods of healing diametrically opposed to the practice of medicine as theretofore commonly understood and defined, and he cites in support of his contention, *State of North Carolina v. Briggs*, 133 N. C. 720, in which that doctrine is strongly set forth and adopted as the opinion of the court. But it seems to us that the opinion makes the question one of form rather than substance, whereas, it is the thing prohibited, and not the words by which it is described that it is alone important. It would perhaps have been possible for the legislature to choose a better phrase under which to group healing methods of all kinds, although the use of the expression the "practicing of medicine" to mean the art of healing is by no means new, but rather a return to the original meaning of the word medical.

But whatever may be thought of the terms in which the prohibition of the statute is expressed, there can be no doubt of their meaning, and the appellant was clearly forbidden to do that which the evidence shows, and he does not deny, that he did, without a license from the board of health provided by the statute. That it is not claimed, he had, and, if the statute is valid, he is liable to the penalty imposed by it.

The appellant, however, contends that the statute is invalid; first, if we correctly understand the brief submitted in his be-

half, because certain acts are made punishable if done for fee or reward, which otherwise are not prohibited, and generally because it is contrary to the 14th amendment of the constitution of the United States which forbids class legislation. It should be noted at the outset that the statute does not forbid the use of methods which the appellant says he follows for the cure of disease or any other method whatever; but only requires that those who prescribe or make use of them in the practice of medicine as defined by the statute shall have qualified themselves for such practice and receive a license as evidence of such qualification.

That the practice of the art of healing in whatever form and under whatever name it may be followed, is subject to regulation by legislative enactment, under the police power of the state, is not questioned by the appellant, and, indeed, the principle is so well established that it is no longer open to question. If there were no such rights and regulations it would be necessary to create it for the protection of the public against those who take advantage of the widespread ignorance which exists in relation to the human organism to impose their useless and often harmful nostrums, and treatments on those who are, or may be led to believe they are in some way diseased. In *Dent v. West Virginia*, 132 U. S. 144, Field, J., says:

"Few professions require more careful preparation by one who seems to enter it than that of medicine. It has to deal with all those subtle and mysterious influences upon which health and life depend, and requires not only a knowledge of the properties of vegetable and mineral substances, but of the human body in all its complicated parts and their relation to each other as well as their influence upon the mind."

Every one may have occasion to consult him, [the physician] but comparatively few can judge of the qualifications of learning and skill which he possesses. Reliance must be placed upon the assurance given by his license, issued by an authority competent to judge in that respect, that he possesses the requisite qualifications." *State ex rel., Burroughs v. Webster, et al.*, 150 Ind. 607.

It is equally certain that the right to regulate should be exercised only in the public interest and not to create monopolies,

or otherwise to violate those fundamental rights which are secured to all citizens,

Have the rights of the appellant been thus infringed by the statute in question?

That certain acts should be made punishable if done for gain which are not prohibited if done without bad motive, seems to us to be a matter properly within the discretion of the legislature. It may reasonably have been assumed that the public needed no protection against charitable or friendly ministrations in which the elements of good faith and sincerity of belief in the remedies prescribed would naturally be present, and in which greed could have no place.

The appellant further contends that by the statute in question a favored class is created, and that he is prevented from following his calling and is deprived of a valuable right without process of law. This he says is accomplished by requiring him to obtain a license, as a pre-requisite to the exercise of his art, from a board composed exclusively of doctors of medicine, whereas he uses no medicine and is in fact a disbeliever in and opposed to the practice of medicine as commonly understood. It is true that the statute commits the licensing power to a board composed of physicians who shall be graduates of some medical school in good standing, but the inclusion under the term, "practice of medicine," of what it is made to cover by the statute might reasonably be construed to extend the meaning of the words used to describe the members of the board, in like manner. Whether that view be taken or not, it is certain that the board provided for could be held by the courts to the exercise of its powers in a reasonable and just manner and would have no right to refuse to issue a license to any one merely because of his being a practitioner of some school of healing different from that to which the members of the board belong.

The appellant claims, also, that the educational qualifications imposed by the statute are not adopted to or required in the simple method of healing which he follows and that they amount to a prohibition of his constitutional right to follow his calling. In an able and exhausted opinion on the construction of the statute differing in no essential feature from the one under consideration, Gillett, J., says, in *Parks v. State*, 159 Ind. 211; 59 L. R. A. 190: "We think the legislature is the appropriate tribunal to deter-

mine the degree of learning that those who gain a livelihood by seeking to relieve the bodily ailments of others should possess," and in *Dent v. West Virginia*, supra, it is said, "The nature and extent of the qualifications required must depend primarily upon the judgment of the state as to their necessity. If they are appropriate to the calling or profession and attainable by reasonable study or application, no objection to their validity can be raised because of their stringency or difficulty. It is only when they have no relation to such calling or profession, or are unattainable by such reasonable study and application, that they can operate to deprive one of his right to pursue a lawful vocation."

It is true that, "no impediment should be interposed to the pursuits of any one except as applied to the same pursuits by others under like circumstances." *Barbier v. Connelly*, 113 U. S. 27. But the requirements are the same for all who purpose to engage in the practice of medicine as defined by the statute in question, and therefore not open to the objection that any particular class is unduly favored.

Judgment affirmed.

IRA A. ABBOTT,

Associate Justice.

We concur:

William J. Mills, C. J.

Frank W. Parker, A. J.

John R. McFie, A. J.

Mann, A. J. dissents.

Pope, A. J., having heard the case below did not participate in this decision.

To Make Both Ends Meet.

His card announced that he was a laryngologist and proctologist, and also made a specialty of treating diseases of the hair and scalp, and corns; that he had two offices for the convenience of the public, one at the Chatham end of the electric line, Mondays, Wednesdays and Fridays, and one at the Newton end, Tuesdays, Thursdays and Saturdays, and that he was conveniently equipped for treating patients at both ends.—Exchange.

A New Anesthetic.

Alypin is the name given by Dr. E. Impens, of Elberfeld, Germany, to a new anesthetic. The official name of this anesthetic is benzoyltetramethyldiaminoethyl-dimethyl-carbinol. Surely such a name is enough to put anybody to sleep.

NOTE—Before reading Dr. Billing's paper, it will be of interest to know that the Etna Chemical Co., manufacturers of the preparation known as "Phenalgin," has sent a letter to the editors of the State Journals, threatening them with libel suit in case they publish Dr. Billing's paper, read before the American Medical Association at Portland.

THE SECRET NOSTRUM EVIL.*

Frank Billings, M.D., Chicago.

I shall make no apology for bringing this subject before this section. Its importance to the profession of medicine and to the public justifies an exposition of the evil now. In no other country has this menace to the welfare of the people and to the best interests of scientific medicine developed as it has with us.

Probably the reason is that other countries, with one or two exceptions, protect the people against frauds in foods, medicines, etc.

Some day it is to be hoped that the congress of the United States will enact a national pure food law which shall include the regulation of the copyrighting and exploitation of proprietary and other medicines.

Just here it will be well to say that the term "proprietary medicine" does not necessarily stamp a preparation or remedy as a nostrum. Webster says that a nostrum is "a medicine, the ingredients of which are kept secret for the purpose of restricting the profits of sale to the inventor or proprietor; a quack medicine." Some proprietary medicines are patented, or better, the process of manufacturing an article is patented. This patent protects the discoverer or owner, in the manufacturer of the medicine or drug for a period of 17 years. These preparations are ethical, in that they are not secret, for any one for a small fee may obtain from the patent office of the government a copy of the description of the process of manufacture and the actual chemical composition of any such patented drug or remedy. The chief harm which has come to us in

America from the protection by patent of the process of making a chemical or drug has been the resulting high price of the product. Many of the synthetic chemical drugs, like antypyrin, phenacetin, etc., cost ten times their worth as compared with the price of the same drugs in Germany and in other countries. As stated, however, such really patented preparations are not secret; the composition is known. Some of them are of value therapeutically. Many of them are valueless. Some of them are harmful. Most of them we could easily get on without and fare better with the older, more simple remedies. Too many "made in Germany" specifics are shoved under our noses.

Now, as to the other proprietary medicines. All the so-called "patent medicines" put on the market for the public, and many of the preparations exploited to physicians and distributed by them to the public, are not patented, but are protected by a copyright or trade mark. Technically there is no difference between the secret proprietary medicines manufactured for physicians' use and the "patent medicines" exploited to the public. Both are protected by a copyright or trade mark name. Both are protected for an indefinite time. They are mixtures, as a rule, of several ingredients.

The relation of the physician to these preparations, however, is very different. Those "patent medicines" which are advertised to the public are not considered ethical and physicians abhor them and rightly condemn their use because they are often dangerous and always irrational as remedies. On the other hand, the manufacturers of those copyrighted proprietary medicines which are exploited to physicians by extravagant claims of specific therapeutic action, use the doctor as the middle man to distribute the cure-alls to the public.

Medicines so prepared that the busy physician could easily dispense them found a certain class of doctors eager to use them. The indications for use appeared on the label or in the accompanying literature. Tonics, blood and tissue builders, emenagogues, pain relievers, febrifuges, laxatives, calculi dissolvers, soporifics, bile promoters, heart tonics, cures for Bright's disease, etc., have appeared in countless number and some remedies offered are confidently presented as cures for not one, but a half dozen diseases or symptoms complex. Indeed, the claims of many of the promoters of this class of remedies do not differ in extrava-

*Read in the Section on Practice of Medicine of the American Medical Association, at the Fifty-sixth Annual Session, July, 1905.

gance from the cure-all patent medicines offered directly to the public.

It has been easy to obtain testimonials of the alleged value of many of these remedies. Many even of the "faculty" have extolled them. Why, therefore, should not the less experienced physician use these "elegant," palatable, all-ready to use, with label-specifying-dose, disease-indicating remedies? Prominent physicians and the "faculty" had testimonials in the circulars sent with the samples indicating the virtues; why, therefore, use the simple proved remedies of the pharacopeia, and especially as the latter would often necessitate the trouble of writing a real prescription.

To the rational physician most of the mixtures, even with the formulae, are objectionable. Disease is never quite the same in different individuals, nor does the picture remain the same from day to day. The treatment must be modified to meet the varying problems of the morbid process. Rational therapy calls for simple prescriptions; but if there be an objection to mixtures with fixed and known formulae, what must one say of mixtures of secret or semi-secret composition?

As Dr. Horatio C. Wood, Jr. (1) says.

"A much more elusive and therefore dangerous evil lurks in a class of mixtures which attempt to cloak their secrecy with a deceptive show of frankness. I think you will grant that the physician is rarely justified in the use of remedies concerning which he has no knowledge, and I maintain that the publication by a drug firm, of whose integrity the physician is absolutely ignorant, of a professed list of ingredients of some mixture is not sufficient knowledge to pardon or to warrant the uses of that remedy. In the first place, if the published formula be correct, it is not enough to know simply the composition of a mixture, the exact quantities must also be known; there is a vast difference between the effects of 1 grain and of 100 grains of opium. Moreover, there is no means of knowing that the formula is a true one, for many of these corporations do not hesitate to pervert the truth."

Many of the promoters of these preparations claim, as chemists or as pharmacists, to be the discoverers of the wonderful remedies and the alleged unusual knowledge of

chemistry or of skill in pharmacy has enabled the discoverer to develop in a mixture heretofore unknown, therapeutic qualities. Truth to tell, however, it is known that the proprietors are not always the manufacturers of the preparation they exploit and distribute. Many of the proprietary preparations are made by the large manufacturing pharmacists for the owners. Pharmaceutical skill is doubtless used in these instances, but it is the kind of skill which is for sale and is not personal.

I am informed that it is not unusual for one manufacturer of proprietary mixtures to have several so-called "companies," through which he can more easily exploit and distribute his products.

There is said to be a direct relation between the Dad Chemical Co., the Od Chemical Co., the Sultan Drug Co., the Rio Chemical Co., and the Peacock Chemical Co., or at least that they are linked together through one individual, and that Battle & Co. and the Lambert Pharmacal Co. are related to the above list. It is said, too, that the Vass Chemical Co., the Lotos Chemical Co., and the Valley Chemical Co. are one combination. Doubtless other combinations exist.

Curiosity recently prompted me to look through a number of medical journals and I can not resist the temptation to quote some of the preparations advertised in them: Aletris Cordial, Celerina, Neurilla, Respion, San Metto, Cactina Pellets, Seng, Chionia, Thialion, Zarcol, Ethol, Hagee's Cordial of Cod Liver Oil Compound, Mandragorine Tablets, Rheumagon, Ponca Compound, Ammophenin, Chloro-Bromon, Anasorcin, Bronchiline, Zematol, Zymoticine, Sulphogen, Laborline, Satyria, Manola, Cacadol, Eusoma, Leprosen, Sulpho-Naphtol, Pasavena, Neurosine, Germileum, Bonn's Passiflora Tablets, Dioviurnia, Tongaline, Lithiated Hydrangea, Melachol, Gonoseptone, Calicolo, Solsul, Saliodin, and so on ad infinitum. These are only a few samples of what the physicians of the United States are asked to prescribe. But there are hundreds of secret preparations that are not advertised in medical journals, whose literature and samples come to us through the mails, etc. In the majority of cases, we do not know their contents, and in many instances an analysis shows that they are simply mixtures. Often a prescription written by a physician for a particular case is purloined, put up under a trade-name and exploited as a cure-all.

1, "Proprietary Therapeutics," The Journal A. M. A., June 10, 1905, p. 1836.

As an illustration see the official announcement of the Council on Pharmacy and Chemistry regarding certain nostrums that have been exploited as synthetic chemical preparations guaranteed to cure everything. I have no doubt that the majority of physicians who have been prescribing phenalgin, antikamnia, sal-codeia (Bell), and ammonol were shocked when they found out that, according to the analysis, they had been giving a simple mixture of acetanilid with bicarbonate or salicylate of sodium or carbonate of ammonium, with a little caffeine in some instances. What physician will be foolish enough to use these preparations, when he can get the same of his druggist for at most one-tenth the cost, but especially what physician with a particle of medical knowledge would think of giving acetanilid if he knew it, in the majority of the conditions in which, according to the advertisers, these nostrums are indicated?

What physician would prescribe Gray's glycerin tonic, if he knew that its chief ingredients are gentian, dandelion, glycerin and cherry wine?(2). Could he not write a prescription as good and feel that he was his own judge of what constitutes a tonic?

Let me quote from *The Journal A. M. A.*(3) This, I am told, refers to an article advertised as a cod liver oil preparation—one of the tasteless kind, that has been investigated by a subcommittee of the Council:

"We have recently had occasion to open a package of a well-known 'Tasteless Cod Liver Oil' preparation. The circular which was wrapped about the bottle was replete with interesting information, especially for the patient, who obtains the remedy in the original package, as prescribed by his physician. He finds in it a list of the diseases in which the preparation does wonders—they range from the dread consumption to cystitis and hemorrhage of the kidneys. Most interesting to us, however, is the statement that this compound 'contains all the necessary elements of nutrition.' It is too bad to disturb this beautiful vision by the report of the chemist. This shows that the

2. "Each half ounce is stated to contain dilute phosphoric acid, 12 minims; gentian root, 10 grains; extract of taraxacum, 15 grains; glycerin, 80 minims; sherry wine, 80 minims; carminatives, q. s."—*Thesaurus of Proprietary Remedies*, p. 148.

3. June 17, 1905, p. 1943.

product is quite free from oil or proteids; the only nutrient ingredients are alcohol, sugar, and perhaps glycerin. But the claims of the manufacturers are probably correct for it contains carbon, hydrogen, oxygen and probably a trace of nitrogen—so does gunpowder.

"Perhaps it will now be the turn of strychnine to be advertised as the ideal food. It seems superfluous to point out the moral of this tale."

It is not necessary to enter into a discussion as to whether we should ever prescribe secret proprietary medicines, for in the minds of intelligent men, even with only a smattering of medical knowledge, there can be but one answer. A physician who has a true appreciation of his responsibilities, who has even ordinary knowledge of the action of drugs, and the danger from their unintelligent use, would not think of prescribing for the sick, who have placed themselves under his care, a preparation about which he knows nothing except what the manufacturer, about whom he knows less, had told him. While there is no excuse for prescribing these medicines, too many unthinking physicians are influenced to do so by the claptray designated "literature," which the exploiters publish about their preparations.

There is not a secret proprietary preparation that has any more value, from a pharmaceutical or therapeutic standpoint, than has the ordinary prescription of the average general practitioner. Stop advertising them and they would be forgotten, just as "patent medicines" pass away if they are not advertised. A hark back 10 or 15 years will call to mind many concoctions which physicians were asked to prescribe, and which, according to the advertisements, performed wonders, but now are heard of no more. Their advertising literature stopped coming and the nostrum-prescribing doctor ceased to use them.

What is the cause of the nostrum evil? There are several.

1. Pharmacology and therapeutics are neglected relatively by many of our medical schools. Anatomy, physiology, pathology, diagnosis, etc., are emphasized and too often the usefulness and limitations of drugs are neglected. Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs, the art of prescribing, preferably single remedies or in simple combination, using if he desires the

pharmacoepial preparations prepared by reliable manufacturing pharmacists and at the same time if he were taught when not to rely on drugs, but frankly to prescribe for his patient a course of hygienic measures which alone would accomplish all that would be required, he would not be the willing dupe of the nostrum vendor, as he now is.

2 The reputable manufacturing pharmacists deserve great credit for the improvement they have made in pharmaceutical products. They have afforded us official preparations in the form of pills, tablets, syrupe, tinctures, extracts, etc., which are elegant in appearance, often palatable and usually potent.

For this advance in pharmacy, a distinct credit to our country, we owe them our thanks.

Unfortunately, many of them have not stopped at this point, but have manufactured their own special mixtures which are just as objectionable as the products of the special manufacturers. They, too, have been active with their agents in visiting physicians and in distributing "literature." This encourages drug-giving in specific mixtures for special symptoms, and is wrong. With one hand they do good work, with the other much evil is done.

3. The nostrum-makers at first copied the methods of the reliable manufacturing chemists, in exploiting their products, but they have gone a step further and have reached a point where one may say that they have subsidized the medical press. I know I am on dangerous ground when I make this statement, but right here is the chief cause—and the remedy. How many of our so-called medical journals are subsidized by medicine manufacturers I do not know, but all physicians know as well as I that there are many, and I do not refer to the so-called house organs. I unhesitatingly affirm that one-half of the medical journals of the country would be out of existence if it were not for the nostrum advertisements. Under the circumstances, therefore, can we expect these journals to say anything? Need we be surprised that scarcely a journal published the official report regarding the acetanilid mixtures, when the preparations hit were the best paying advertisements in the country?

What is the remedy? Publicity. The enlightenment of the profession. The truth

regarding not only what the preparations contain, but who makes them. Certainly no honest manufacturer will object to this last proposition, and no honest physician will put up with less than the former.

The Council on Pharmacy and Chemistry has been created to investigate the non-official preparations, to find out the truth about them, and to publish its findings. It is not necessary to repeat here the results of the work already done by this body. All physicians have read, or may read all about it. In my opinion there has been no movement undertaken by the American Medical Association that will be so far-reaching as this one to rid us of the blight of the nostrum evil. For the first time, we see the possibility of the elimination of a part, at least, of this curse to American medicine. It is the first practical solution offered of a most difficult problem.

But—and I want to emphasize what I am about to say—the movement will have the most determined opposition that money can bring. Millions are being made annually by the nostrum manufacturers, and they will not sit idly by and see this wealth-producing business done away with if they can prevent it. It won't be an open fight, for their business will not stand publicity. They will have with them those so-called medical journals which are published solely in their interests.

This movement will have the sympathy of every thinking physician of the country, but sympathy does not win battles. In this fight those who are representing us should have all the support we can give. In society meetings especially we should aid in the propaganda by helping to enlighten and to interest those of our profession who have given the matter no thought. We should support those journals that represent us, and not tolerate in our offices those that we know to be subsidized and to represent their advertisers rather than their readers.

Gives Birth to Seven Children at One Time.

Last month Honolulu received a wireless telegram from Hilo stating that one Hana, the Hawaiian wife of Kailua, a Chinese, gave birth to one child on Thursday, two on Sunday, one on Monday, two on Tuesday morning and one on Tuesday night. Unfortunately all the children are said to be dead.

FEDERAL PROTECTION OF THE PUBLIC HEALTH.

One of the most important and most significant of the favorable results of the late epidemic of yellow fever has been the widespread agitation in the southern states, having as its object the creation of a public sentiment in favor of transferring to the Federal Government all matters of national and interstate quarantine. This is all the more notable because heretofore it has been chiefly the southern adhesion to a strict construction of the rights of the state that has prevented the development of a national department of health.

Clearly, the present is the opportune time for asking Congress to create a department of health, to which shall be assigned certain duties in national and interstate quarantine, together with various incidental tasks, such as collecting general and accurate vital statistics. It would not seem to require any stretching of federal function to assign to this new department the sanitary policing of all the navigable waters of the nation, which, by the United States Constitution, are declared to be a part of the national domain, and are placed under the authority of Congress. By a persistent national application of this new function, it is reasonable to think that much improvement would be noted in the mortality from diseases whose infection is waterborne. To this new department would logically fall the execution of the provisions of the pure food and drug law, which will sooner or later be placed on the statute books. Other and important functions will suggest themselves, such as the problems of immigration, and of sanitation in Panama, Porto Rico, Alaska and the Philippines. In such a department all the medical activities of the government could be centralized and harmonized.

It is unfortunate that up to the present time no proposed law for the establishment of a national department of health has been satisfactory to all students of the subject. Certainly, however, this does not imply that a comprehensive and safe measure cannot be drawn. Beyond doubt there never has been a time in the history of the country when the conditions were so favorable for the friendly and interested consideration of such a measure by Congress.

In addition to others mentioned as willing to permit enlargement of the functions of the General Government in the direction of public health duties, it must be borne in mind as highly significant that Governor Cox of Tennessee felt so much interest in the movement that he called a conference of governors, health officials and other citizens of the southern states at Chattanooga, November 9 to 11. At this conference Congressman John Sharp Williams, Democratic leader in the United States House of Representatives, was made chairman of the committee on quarantine, and this committee brought in a report recommending federal control of foreign and maritime quarantines and control of interstate quarantine by the individual states in co-operation with the Federal Government. This report having been adopted, the question is certainly before the country in active form.—Journal A. M. A.

DRUGLESS HEALING IN PRACTICE OF MEDICINE.

The Supreme Court of New Mexico says that in the case *Territory v. Newman*, where the defendant was indicted for practicing or offering to practice, medicine without having obtained a license, the jury were instructed as fol-

lows: "The practice of medicine . . . means ¹ to open an office for the practice of medicine; or ² to announce to the public or to any individual, in any way, a desire or willingness or readiness to treat the sick or afflicted, or investigate or diagnose, or offer to investigate or diagnose, any physical ailments or disease of any person; or ³ to suggest, recommend, prescribe, or direct for the use of any person any drug, medicine, appliance, or other agency, whether material or not material, for the use, relief, or palliation of any ailment or disease of the mind, or body, or the cure or relief of any wound, fracture, or bodily injury or deformity, after having received or with the intent to receive therefor, either directly or indirectly, any bonus, gift, or compensation.—*Medico Legal Bulletin*.

NEW CONSUMPTION CURE.

The International Tuberculosis Congress, at the Grand Palace, in Paris, has been a decided success, and the views interchanged promise effective results in regard to the management of sanatoria, hospitals and public and elementary schools. The great feature of the Congress is the announcement of Professor Behring, concernig his experiments with animals, which he hopes will eventually lead to the discovery of a remedy for tuberculosis. Professor Behring is annoyed at the exaggerated reports of these experiments, which have not yet been applied to human beings. He is proceeding with tuberculosis on lines similar to those he followed in reference to diphtheria, and which led to his discovery of the anti-diphtheria serum. Dr. Brouadel and Professor Metchnikoff, of the Pasteur Institute, his colleagues in the congress, express confidence that Professor Behring is on the right track, and that next August he will be able

to announce both a preventive and cure for tuberculosis; but so far all is purely experimental. Several French scientists, notably Dr. Albert Robin, incline to the opinion that Professor Behring's remedy may be found in a serum from the milk of cows rendered immune against tuberculosis and administered by subcutaneous injections.—*Ex*.

Knowledge Is Power.

The following story is told of two noted Germans, Bismarck and Virchow. The latter had severely criticized the former in his capacity of chancellor, and was challenged to fight a duel. The man of science was found by Bismarck's seconds in his laboratory, hard at work at experiments which had for their object the discovery of a means of destroying trichinae, which was making great ravages in Germany. "Ah," said the doctor, "A challenge from Prince Bismarck, eh Well, well! as I am the challenged party, I suppose I have the choice of weapons. Here they are!" He held up two large sausages, which seemed to be exactly alike. "One of these sausages," he said, "is filled with trichinae, it is deadly. The other is perfectly wholesome. Externally they can't be told apart. Let his excellency do me the honor to choose whichever of these he wishes and eat it, and I will eat the other!" No duel was fought, and no one accused Virchow of cowardice.

Epidermoid of the Submaxillary Region.

V. Schrager, Chicago (Journal A. M. A., October 28), reports a case of tumor under the angle of the inferior right maxilla, which, as the patient already had had a microscopically diagnosed smoker's epithelioma of the lip relieved by x-ray treatment, caused considerable anxiety. The tumor was removed and examined and diagnosed by a competent pathologist as an epidermoid. The author deduces from this case that physicians should not be too confident in the diagnosis of metastasis of epithelioma when a swelling is found on the corresponding side with an epithelioma of the lip. In this case,

the patient, a physician, was prepared to give up his practice and settle his affairs, and the mental worry affected his health and probably accelerated the growth. It also shows the importance of microscopic examination. Had this not been done in this case it would probably have been reported as an operative cure of carcinoma.

CORRESPONDENCE.

San Francisco, Cal., Oct. 3, '05.

Dr. G. W. Harrison,

Albuquerque, N. M.

Dear Doctor: The second number of the Journal of the New Mexico Association has just reached me, and I can not resist the temptation to write and congratulate you upon your effort. It certainly is encouraging to see a state organization, having the relatively small number of members which you have, making such a courageous effort in the journal direction.

Cordially yours,

PHILIP MILLS JONES,

Pres. Ass'n of State Medical Journals.

To the Editor.

My Dear Doctor: I find that I failed to officially call your attention to a resolution which was unanimously adopted at the last meeting of the House of Delegates of the American Medical Association. The resolution referred to, was introduced by Dr. E. Eliot Harris, of New York City, and is as follows:

"Resolved, That the committees on publication of the journals of medicine, published by the State medical associations affiliated with this body, be asked to assist the Board of Trustees in their efforts to suppress the advertisement of medical nostrums and to co-operate in

the work of securing pure food and pure drug laws in the United States."

Respectfully yours,

GEORGE H. SIMMONS,
General Secretary.

MEETING OF THE BOARD OF HEALTH.

A regular semi-annual meeting of the New Mexico Board of Health was held in Albuquerque on December 5 1905. The following members were present:

G. W. Harrison, President, Albuquerque.

T. B. Hart, Vice-President, Raton.

B. D. Black, Secretary, Las Vegas.

Wm. D. Radcliffe, Treasurer, Belen.

Licenses to practice medicine in New Mexico were issued to the following applicants:

Dr. B. F. Herring, Lake Arthur.

Dr. J. R. C. Lynn, Roswell.

Dr. Isabel D. Lane, Clayton.

Dr. Jay D. Nusbaum, Albuquerque.

Dr. T. H. Dabney, Albuquerque.

Dr. J. L. Ballou, Aztec.

Dr. Margaret A. Fleming, Belen.

Dr. Clifford S. Long, Las Vegas.

Dr. Homer Frank Parr, Carlsbad.

Dr. L. A. Brice, Carlsbad.

Dr. Frederick H. Lay, Raton.

Dr. Chas. H. Kiehl, Albuquerque.

Dr. J. G. Holmes, Fierro.

Dr. Joseph R. Bryan, Portales.

Dr. Zachary T. Martin, Carlsbad.

Dr. A. L. Breeding, Texico.

Dr. Geo. N. Fleming, Raton.

Dr. G. R. Rucker, Roswell.

Dr. J. Y. Lapsley, Dawson.

Dr. E. D. Strong, Silver City.

Dr. G. K. Angle, Silver City.

Dr. H. D. Nichols, Tularosa.

Dr. Frank E. Mera, Santa Fe.

Dr. L. B. Rauschbaum, Roswell.

Dr. Elda S. Dunn, Albuquerque.

The Secretary was instructed to issue licenses to several other applicants,

if their professional and moral character and conduct are found satisfactory after thorough investigation.

County Health Officers appointed to fill vacancies:

Dr. J. M. Shields, of Perea, appointed for Sandoval County.

Dr. Wm. H. Burr, Gallup, for McKinley County.

Dr. Wm. Mac Lake, Silver City, for Grant County.

TERRITORIAL ASSOCIATION NOTES. COUNTY SOCIETY NEWS.

The next regular meeting of the New Mexico Medical Association will be held in Albuquerque on the second Wednesday in May, 1906. The Secretary invites all those who are willing to contribute a paper to be read at this meeting to communicate with him. It is hoped to make this meeting a record-breaker.

The Secretary desires to call the attention of the members to the blank forms for permanent record that were sent out recently. A large number have failed to fill out and return same. As it is earnestly desired to get this matter into proper shape as soon as possible, the Secretary humbly begs of the members that they will give the matter their immediate attention. The record, when completed, will be of permanent value to the Association and its individual members.

At the last meeting the House of Delegates passed a resolution instructing the Secretary to secure new applications from all members of the Territorial Society who were not members of a component county society under the reorganization, and it was further stipulated that they should sign a statement to the effect that they neither practiced or supported nor claimed to practice or

support any exclusive system of medicine. The Secretary, in pursuance of these instructions, mailed application blanks to those members affected by the resolution, and at this time still has a few to hear from. There seems to be some misunderstanding as to the "why" of this proceeding, and in order to make things clear the following things should be remembered: (1) The New Mexico Medical *Society* has ceased to exist and the New Mexico Medical *Association* has come into being. (2) The New Mexico Medical Association is a component part of the American Medical Association, and the only doorway to the American Medical Association for physicians in the Territory of New Mexico. (3) As a part of the American Medical Association certain demands have to be complied with. (4) The "exclusive school" man is not eligible to membership in the American Medical Association; therefore not eligible to membership in the Territorial Association; therefore not eligible to membership in the County Society. (5) The members of the County Societies now in affiliation with the Territorial Association have each made application for membership under the new plan and have signed the statement on the application referring to the not practicing or supporting nor claiming to practice or support any exclusive school. (6) In order to place all on the same footing it becomes necessary for those members who are not members of an affiliated county society to make application direct to the Territorial Association and to affirm to the statement contained on the blanks. This is the entire and only reason for the new applications, and the Secretary desires to urge those who have not yet signed the statement to do so at once and return them to him. Should there be any one who does not yet understand the mat-

ter, the Secretary stands ready to explain further and as best he can. The Association does not want to drop the name of any qualified member from its rolls. On the contrary it wants to make every eligible physician in the Territory a member and it becomes the duty of those who are already within the fold to do a little missionary work in order to bring the wanderers in.

R. H. McBRIDE, M. D.,

Las Cruces, N. M. *Secretary.*

Chaves County Medical Society.

Dr. Chas. F. Beeson, who has spent the summer in Ohio, has returned and will reopen his office. His father, also a physician, will spend the winter with him.

L. B. Rauschbaum, formerly of Amarillo, Texas, has located here and become a member of the County Society. His practice is limited to the eye, ear, nose and throat.

Dr. J. W. Kissenger, who has been at Mineral Wells, Texas, taking treatment for sciatica, has returned much benefited.

Dr. D. H. Galloway took a trip to California in September.

The monthly meetings are well attended, more than two-thirds of our members being present at the meetings. The November meeting was held at the office of Dr. Rauschbaum, the subject of the evening being "Eye Strain and Its Relation to Insomnia."

Bernalillo County Medical Society.

Dr. J. H. Wroth made a visit to Chicago, stopping over at Topeka en route to attend a meeting of Santa Fe surgeons.

Dr. J. W. Elder has returned from a visit to Pittsburg and other Eastern points.

Dr. Edmund Clayton, formerly of Gallup, has located in Albuquerque.

Dr. J. J. Pattee, formerly of Gallup, is now in Berlin taking a special course in eye, ear, nose and throat work.

The last meeting of the County Society was held at the office of Dr. J. S. Easterday. An impromptu discussion of some clinical cases presented by Dr. Easterday was the order of the evening.

The December meeting will be held on the 6th instant at Dr. Elder's office.

RESOLUTIONS.

Whereas, Dr. Frank Billings, of Chicago, read before the Portland meeting of the American Medical Association an article entitled "Nostrums," which was printed in the Journal of the Association, a publication owned by the Medical profession, and for the use and information of the profession; and

Whereas, One at least of the corporations manufacturing a compound drug and offering it to the profession and public under a copyrighted name, not representing the ingredients, has threatened the Journals issued by the various State Societies with suits for libel if the said Journals reprinted Dr. Billings' article; and

Whereas, Many of these corporations alluded to in Dr. Billings' article have banded themselves together under a distinctive name and are commonly accredited with controlling many of the Medical Journals published, but not including those owned by the State Societies; and

Whereas, There are many manufacturing drug companies who are willing and do publish the ingredients of their manufactured articles; therefore be it

Resolved, That the members of the Bernalillo County Medical Society, feeling that as physicians they have an

inherent right to know the composition of all drugs used by them, refrain hereafter from using such articles as do not contain upon the label attached the ingredients of which they are composed; and that they dispense or prescribe the manufactures of such houses as comply with the above requirement; and

That, they the said Society, deny the right of any drug manufacturing concern to prevent any legitimate investigation into the composition of their manufactured articles; and that the Council of the American Medical Association shall be requested by the Secretary of this Society to take such steps as will lead to a concerted action of the Medical profession, calling upon the general government and Congress to enact such laws as will make impartial analyses of such articles compulsory; and

That the said Society will co-operate with the State Society in maintaining the right of the Journal of this State Society to publish any legitimate professional information; and

Be it further Resolved, That a copy of these resolutions be forwarded the Journal of the American Medical Association, be published in the Journal of the New Mexico Medical Association, and also be furnished to the retail druggists of this city.

Albuquerque, N. M., Dec. 6th, 1905.

Dona Ana County Medical Society.

The Society has been holding regular monthly meetings which have been fairly well attended. A number of interesting clinical cases have been reported at each meeting, and a free discussion has been indulged in. At the last meeting Dr. B. F. Lane read a paper on "Cardiac Dropsy Complicating Pregnancy," and reported a case occurring in his practice in which death had resulted from eclampsia.

Dr. R. B. Hollingsworth has arrived and will locate here. The doctor has been practicing in California, but was obliged to seek this climate for reasons of health. For the present the doctor does not intend to practice.

Dr. W. C. Field has been named as delegate to the Territorial Association to fill the vacancy caused by Dr. McBride's appointment as Secretary of the Territorial Association.

The many friends of Dr. J. F. McConnell, formerly of this place and now located at Colorado Springs, Colo., sympathize with him in the loss he has sustained by the death of his father, which occurred in Toronto, Canada, recently.

Dr. R. E. McBride attended the recent meeting of the surgeons of the A., T. & S. F. R. R. in Topeka, Kansas. The doctor reports having had a good time. He was accompanied by his wife.

A number of cases of diphtheria have been reported to the health officer, but so far there have been no fatalities. The timely use of antitoxin has aided in the work of preventing a spread of the disease.

Looks that Way.

"Grand Duke Cyril has been exiled by the czar for marrying a dashing divorcee."

"The czar is a sort of dog in the manger, isn't he?"

Strange.

Since the invention of the automobile the very people who have the most leisure time on their hands, are now always in the greatest hurry.

—Fliegende Blatter.

Naming Percy.

"It seems to me you are giving a lot of encouragement to Percy Litehedde lately?"

"Don't try to pick a quarrel about nothing."

THE BRIGHT SIDE.

I'm a-missin' of the blossoms
 That last evenin' smelled so good;
 But I can't help bein thankful
 That I've got my winter's wood;
 An' I miss the watermelon,
 With its juicy heart an' sweet;
 But I'm thankful for the punkins,
 Punkin' pies are good to eat.

So there ain't no use o' nursin'
 Nary grouch because o' fall,
 You can't have midsummer weather
 In midwinter, not at all;
 That there aint no ice to pay for
 Ought to keep you feelin' good;
 'Speshly if you've got your stoves up,
 An' got in your winter wood.—Ex.

THIS TIME OB YEAH.

Ah's gwine tuh wait
 Till de fros' am heah,
 Den Ah's gwine tuh hab
 Some p'simmon beah,
 An' Ah's gwine tuh fin'
 What a possum's at —
 Oh, de good ol' yams,
 An' de 'possum fat,
 Dat Ah's gwine tuh hab,
 Won't cost a dime!
 Oh, dis time ob yeah
 Am de niggus time!

"If you dont stop nagging me, Emily, shall shoot myself this very minute."
 "Yes, that's just like you, when you know how nervous I am when I hear a shot."

Guess Again, M. D.

Going through the wards of a large hospital with some medical students, a well-known doctor was giving a few remarks on each case. When they arrived at a bed on which a new arrival lay, the professor stopped and

said: "From the nature of the illness the patient is suffering from, I can, by using my powers of deduction, tell you all about the nature of his occupation." Turning to the patient he observed, "You are a musician, are you not?"

"Yes, sir," replied the sufferer.

"And you play a wind instrument. I can see."

"Yes, sir, I do."

"There! I thought so; that pernicious blowing does more injury to the lungs than——"

"Beg pardon, sir," said the patient, "I plays a concertina."

—Ex.

He Remembered.

"Do you remember the night you asked me to marry you?"

"Sure; that was the night I swore off drinking."

The Amateur Gunner.

His brand new gun was "hammerless,"
 His powder, too, was what
 Is known as "smokeless," and we guess
 That he had "hitless" shot. —Ex.

In Use.

Mamma (at breakfast table)—You should always use your napkin, Georgie.

Georgie—I am using it, mamma. I've got the dog tied to the leg of the table with it.—Ex.

An innkeeper once had the good fortune to entertain his sovereign, who consumed, among other things, a couple of eggs, for which he was charged a guinea apiece. "Eggs must be very scarce here," remarked his royal highness, as he scanned the bill. "No, sire," was the answer, "but kings are."—Ex.

Claimed an Alibi.

"Why do folks say that the first year of married life is the most unhappy?" queried Mrs. Henpeck.

"You never heard me say it, my dear," meekly responded Henpeck.

Yes, Indeed.

"Roosevelt ought to have an easy time next time he goes bear hunting."

"Why so."

"Why, it will be tantamount to lese majeste for a bear to try to escape him."

His Point of View.

A fellow in corduroy breeches

Said: "I never hanker for reeches;

This lust for wealth,

By crook or by stealth,

Seems far worse to me than eeches."

Woman's Way.

"John, Which of these shirt waists do you like best?"

"Which is the cheapest?"

She showed him the cheapest but purchased the other one.

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